

## **HOME HEALTH AIDE**

### **Service Description**

**H027-HB**

A service that provides intermittent health maintenance continued treatment or monitoring of a health condition and supportive care for activities of daily living at the individual's place of residence.

### **Service Requirements and Limitations**

1. This service may be provided in the following settings:
  - 1.1 The consumer's home,
  - 1.2 A group home,
  - 1.3 A developmental home (child or adult), or
  - 1.4 A Level I or Level II behavioral health facility.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities or non-state operated ICFs/MR.
4. This service shall not be provided in conjunction with consumers authorized for Skilled Nursing Facility services or non-state operated ICFs/MR service.
5. The authorization of this service shall include a review of authorized Attendant Care, as the two services can encompass very similar elements of service delivery. This service may be most appropriate for consumer who has ongoing nursing service and the coordination of care is most beneficial to the consumer's goals and expectations. This service may not be provided on the same day that Attendant Care or Housekeeping is provided.
6. Home health aide services must be ordered by a physician and are implemented through the member's individualized care plan developed by the Home Health Agency (HHA) and may only be provided on an intermittent basis. The plan must be reviewed by a physician every 62 (sixty-two) days (bimonthly) and authorized/monitored by the member's support coordinator.

## **Service Goals and Objectives**

### Service Goals

To increase or maintain self-sufficiency of consumers.

### Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Obtain order from physician for home health aide services that is reviewed every 62 (sixty-two) days.
2. Under the supervision of a registered nurse (RN), develop a plan of care, which is reviewed with the registered nurse every 60 (sixty) days and sent to the primary care physician (PCP) for approval, based on:
  - 2.1 The consumer's self-care skills, and
  - 2.2 The consumer's health condition.
3. Provide nursing-related services under the direction and supervision of a registered nurse (RN) to:
  - 3.1 Monitor a consumer's medical condition by:
    - 3.1.1 Monitoring and documenting vital signs, as well as reporting results to the supervising RN or physician;
    - 3.1.2 Changing dressings and/or bandages;
    - 3.1.3 Providing care to prevent pressure ulcers; and
    - 3.1.4 Reinforcing nursing instructions.
  - 3.2 Provide health maintenance or continued treatment services including, but not limited to:
    - 3.2.1 Personal care activities such as:
      - 3.2.1.1 Bathing/shampooing;
      - 3.2.1.2 Toileting;
      - 3.2.1.3 Bowel, bladder and/or ostomy programs as well as catheter hygiene;

- 3.2.1.4 Dressing;
- 3.2.1.5 Eating;
- 3.2.1.6 Routine ambulation, transfers, range of motion activities or simple exercise programs;
- 3.2.1.7 Combing/brushing and fixing hair;
- 3.2.1.8 Skin care including hand and foot care;
- 3.2.1.9 Shaving;
- 3.2.1.10 Nail care;
- 3.2.1.11 Dental/oral hygiene; and
- 3.2.1.12 Assisting with use of special appliances and/or prosthetic devices.
- 3.2.2 Assisting the consumer in self-administration of medication.
- 3.2.3 Assisting the consumer to maintain sufficient nutritional and fluid intake.
- 3.3 Assist in activities of daily living by:
  - 3.3.1 Providing information about nutrition,
  - 3.3.2 Cleaning consumer's living area,
  - 3.3.3 Doing consumer's laundry,
  - 3.3.4 Shopping,
  - 3.3.5 Banking, and
  - 3.3.6 Cooking for consumer, as necessary.
- 3.4 Under the supervision/direction of the RN, teach consumers and families how to perform home health tasks.
- 3.5 Under the direction of the RN, inform the consumer's designated Health Care Services nurse about other appropriate services when there are additional medical problems or social problems identified during the course of service delivery in order to reassess appropriate level of care/services.

### **Service Utilization Information**

1. This service will be authorized based on the nursing needs assessment conducted by the Division's Health Care Services unit.
2. The Division's Health Care Services unit will complete nursing assessments at least annually, or more frequently if determined by the Division, to reassess need for this service.
3. This service may not be provided on the same day Attendant Care or Housekeeping is provided.

### **Rate Basis**

Published. The published rate is based on one (1) hour of direct service.

Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, RateBook, and/or other provider resources made available by the Division.

### **Direct Service Staff Qualifications**

1. The Qualified Vendor must be a home health agency licensed by the Arizona Department of Health Services and certified by Medicare.
2. Qualified Vendor personnel who provide home health aide services must meet the qualifications pursuant to 42 CFR Part 484.4.
3. Home health aide service must be provided by an aide who is supervised by a registered nurse (RN) or by a licensed practical nurse (LPN) who is supervised by an RN. The supervisor must conduct home visits at least every 60 (sixty) days.

### **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall provide monthly progress report reports to the Health Care Services nurse. The Health Care Services nurse will provide this information to the support coordinator. At this time the Qualified Vendor shall provide the Health Care Services nurse with a copy of the signed plan of treatment.
2. The plan of treatment/care plan shall be kept current and signed, and a copy will be sent to the consumer's support coordinator via the Health Care Services nurse to be incorporated into the consumer's case management file.

3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each timesheet or equivalent document must be signed by the consumer/family/consumer's representative as verification of hours served.
4. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.